

Send Prescriptions To PhilRx Pharmacy

EHR

- ✓ Find Luminopia In Your EHR
- ✓ Find PhilRx In Your EHR
- ✓ Send ERx To
PhilRx (Columbus, OH 43235)

Fax/Phone

- ✓ Fill Out The Enrollment Form
-  Fax To **888.975.0603**
-  Or Phone **855.977.0975**



Visit www.luminopia.com/hcp For
Electronic Enrollment Forms

Key Information To Include In Rx:

- ✓ Patient Name & DOB
- ✓ ICD-10 Code for Amblyopic Eye (See Reverse Side)
- ✓ Prescribed Dose (1 Hour Per Day, 6 Days Per Week)
- ✓ # Of Monthly Refills (6-12 Recommended)

*PhilRx Will Pre-Populate Prior Authorization (PA) Form And Fax You The
CoverMyMeds Key To Submit*

Tips For Smoother Process

- 1 Include Previously Tried/Failed Treatments In Rx
- 2 Sign Up For A CoverMyMeds Account, If Needed, For PA Communications With PhilRx
- 3 PhilRx Will Directly Follow-Up On Approved Or Denied PAs

For Rx Changes, Please Contact PhilRx Via Phone Or **Email: mdhelp@phil.us**

ICD-10 Amblyopia Codes

Amblyopia Type	Right Eye	Left Eye
Unspecified	H53.001	H53.002
Deprivation	H53.011	H53.012
Refractive	H53.021	H53.022
Strabismic	H53.031	H53.032
Amblyopia Suspect	H53.041	H53.042

Coding Reference Guide

CPT Code	Remote Therapeutic Monitoring Code Descriptors
98975	Patient Set-Up/Education On Use of Medical Device By Clinical Staff (Luminopia Patient Education Video Available Online For Reference)
98980	Remote Therapeutic Monitoring Treatment Management Services, Physician/Other Qualified Health Care Professional Time In A Calendar Month Requiring At Least One Interactive Communication With The Patient/Caregiver; First 20 Minutes
98981	Remote Therapeutic Monitoring Treatment Management Services, Physician/Other Qualified Health Care Professional Time In A Calendar Month Requiring At Least One Interactive Communication With The Patient/Caregiver; Each Additional 20 Minutes

Note: CPT® is a registered trademark of the American Medical Association. All rights reserved. The AMA assumes no liability for data contained or not contained herein. Correct coding is the responsibility of the provider submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements.

